

05/05/98

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PTO/SB/05 (12/97)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. COLB 0011	Total Pages 118
	First Named Inventor or Application Identifier LUDWIG, L	
	Express Mail Label No. EM35696818145	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 73] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 34]</p> <p>4. Oath or Declaration [Total Pages 2]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) (Note Box 5 below)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>
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ACCOMPANYING APPLICATION PARTS

- | | | |
|---|---|--|
| 8. <input checked="" type="checkbox"/> | Assignment Papers (cover sheet & document(s)) | 3 |
| 9. <input type="checkbox"/> | 37 CFR 3.73(b) Statement (when there is an assignee) | <input checked="" type="checkbox"/> Power of Attorney 2 |
| 10. <input type="checkbox"/> | English Translation Document (if applicable) | |
| 11. <input type="checkbox"/> | Information Disclosure Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS Citations |
| 12. <input type="checkbox"/> | Preliminary Amendment | |
| 13. <input checked="" type="checkbox"/> | Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | |
| 14. <input checked="" type="checkbox"/> | Small Entity Statement filed in prior application. | <input type="checkbox"/> Status still proper and desired |
| 15. <input type="checkbox"/> | Certified Copy of Priority Document(s) (if foreign priority is claimed) | |
| 16. <input type="checkbox"/> | Other: | |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)of prior application No: **08, 660, 805****18. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Labelor ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

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<h2 style="text-align: center;">FEE TRANSMITTAL</h2> <p style="text-align: center;">Note: Effective October 1, 1997. Patent fees are subject to annual revision.</p>	Complete if Known		
	Application Number		
	Filing Date	May 5, 1998	
	First Named Inventor	LUONIG, L	
	Group Art Unit		
	Examiner Name		
TOTAL AMOUNT OF PAYMENT (\$)	(21)	Attorney Docket Number	COLB-00125US

<h3 style="text-align: center;">METHOD OF PAYMENT (check one)</h3> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 03-3117 Deposit Account Name: Cooley Godward LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <h3 style="text-align: center;">FEE CALCULATION</h3> <p>1. FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101 790</td> <td>001 395</td> <td>Utility filing fee</td> <td>395</td> </tr> <tr> <td>106 330</td> <td>206 165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 540</td> <td>207 270</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 790</td> <td>208 395</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$ 395.00)</td> </tr> </tbody> </table> <p>2. CLAIMS</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>36 - 20 = 16</td> <td>X</td> <td>11</td> <td>176</td> </tr> <tr> <td>Independent Claims 3 - 3 = 0</td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>X</td> <td></td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103 22</td> <td>203 11</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 82</td> <td>202 41</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 270</td> <td>204 135</td> <td>Multiple dependent claim</td> <td></td> </tr> <tr> <td>109 82</td> <td>209 41</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 22</td> <td>210 11</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$ 571)</td> </tr> </tbody> </table>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 790	001 395	Utility filing fee	395	106 330	206 165	Design filing fee		107 540	207 270	Plant filing fee		108 790	208 395	Reissue filing fee		114 150	214 75	Provisional filing fee		SUBTOTAL (1)			(\$ 395.00)	Total Claims	Extra	Fee from below	Fee Paid	36 - 20 = 16	X	11	176	Independent Claims 3 - 3 = 0	X			Multiple Dependent Claims	X			Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	103 22	203 11	Claims in excess of 20		102 82	202 41	Independent claims in excess of 3		104 270	204 135	Multiple dependent claim		109 82	209 41	Reissue independent claims over original patent		110 22	210 11	Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			(\$ 571)	<h3 style="text-align: center;">FEE CALCULATION (continued)</h3> <p>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	CRAIG P. OPPERMAN	Reg. Number	37,078
Signature		Date	5/5/98
		Deposit Account User ID	

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